

HOW DO I REGISTER FOR AN EXAM



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COURSE COMPLETION & REGISTRATION EMAIL

Students + Add Show All

Name	Graded Date	State Exam	Tries	Skill Date	Status	
[REDACTED]	04/20/2018		0	04/20/2018	Passed	
[REDACTED]	04/23/2018		0	04/23/2018	Passed	
[REDACTED]	04/20/2018		0	04/20/2018	Passed	
[REDACTED]	05/01/2018		0	05/01/2018	Passed	
[REDACTED]	04/24/2018		0	04/24/2018	Passed	
[REDACTED]	04/19/2018					
[REDACTED]	04/23/2018					
[REDACTED]	05/06/2018					
[REDACTED]	04/23/2018					

Sun 5/6/2018 7:14 AM

Continuum <noreply_emspic@emspic.org>
EMS Course Completion Notification: 0100043

To: continuum-test@emspic.org

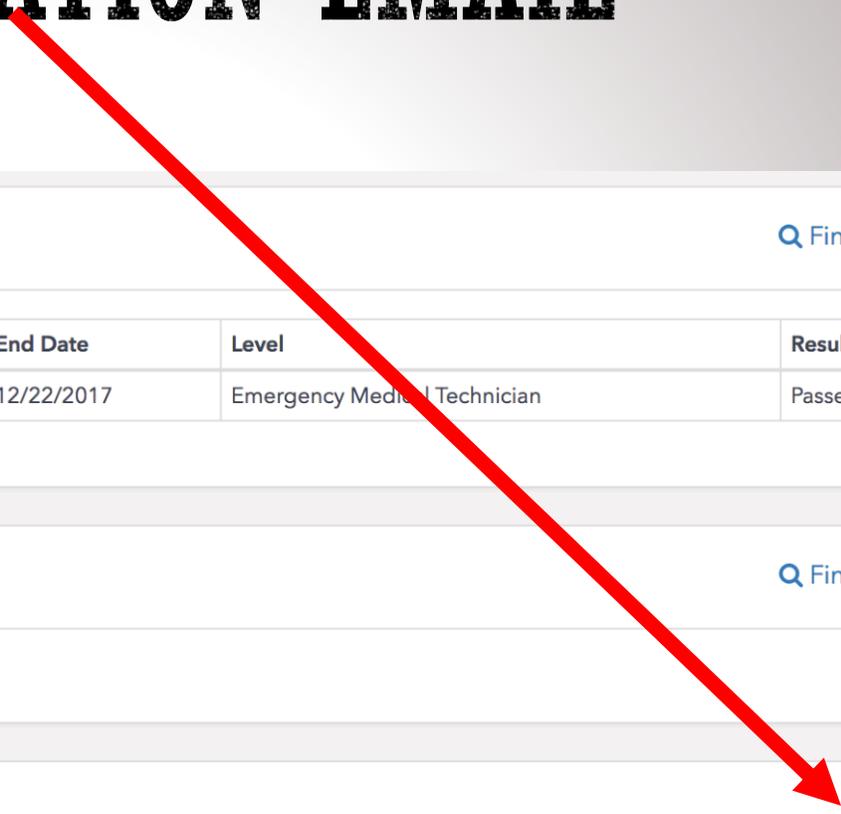
To proceed with scheduling an exam, please use this [link](#) to complete the Applicant Statement from your Continuum dashboard.

The EMSPIC Continuum Team
<https://testcontinuum.emspic.org>

Please do not reply to this email as this email address is not monitored. If you require further assistance, contact the EMSPIC help desk at (919) 843-0201.



NO REGISTRATION EMAIL



Courses

[Find a course](#) ^

Course	Start Date	End Date	Level	Result	State
Initial Emergency Medical Technician (109431)	09/06/2017	12/22/2017	Emergency Medical Technician	Passed	NC

Exams

[Find an exam](#) ^

Nothing found to display.

Scantron

[+ Register](#) ^

Nothing found to display.



APPLICANT STATEMENT

Applicant Statement | Continuum x +

continuum.emspic.org/.../applicantStatement/60b562a5e4b03bfd1913...6c

eso North Carolina Michael Todd Messer

Dashboard
State Office <
PCRs
Region <
System
Hospital
Agency <
Personnel v
Personnel
Disciplinary Actions
AOC Reports
Legal Recognition
Background Checks
Credentials
Exam Dashboard
Education <
Test Bank <
Security <

NORTH CAROLINA DIVISION OF HEALTH SERVICE REGULATION
Office of Emergency Medical Services
Applicant Statement

Course: Initial Emergency Medical Technician (0107476)
Please contact the NCOEMS at (919) 855-3935 and use the Cancel button below if this is not the intended course

LAST NAME:
[REDACTED]

FIRST NAME:
[REDACTED]

MIDDLE NAME:
[REDACTED]

P-NUMBER:
[REDACTED]

PHONE NUMBER:
[REDACTED]

SOCIAL SECURITY NUMBER:
[REDACTED]

10:58 AM 6/1/2021



APPLICANT STATEMENT

1.* Have you, under this or any other name, EVER been arrested, charged, convicted of, pled guilty or no contest to, or received a deferred sentence for a misdemeanor or felony in this or any other state or nation, or while serving in the Armed Forces? If yes, list offenses, including year and verdict, below. Please list all aliases including maiden name used.

- Yes
 No

NOTE: Please be reminded that any citations, arrests, charges, or convictions dealing with misdemeanors or felonies that have been dismissed or are still in a pending status, should be listed on this form.

DATE	OFFENSE	OUTCOME/VERDICT/SENTENCE	UNDER WHAT NAME	Action
Click on the + to add an item.				+

2.* Have you ever been required to complete a criminal records check through the State and National Repositories of Criminal Histories by the North Carolina Office of Emergency Medical Services?

- Yes
 No

When?

3.* Have you EVER been or are you currently the subject of an investigation and/or had any disciplinary action taken against you in connection with the performance of health care-related activities in this or any other state or nation?

- Yes
 No

Credentialing/Licensing Body:

Action Taken:

4.* Do you now or have you resided out of the state of North Carolina any time during the past 5 years?

- Yes
 No

Why?

5.* Are you now or have you ever been required to register on the Sex Offender Registry in this or any other state or nation?

- Yes
 No

Where?

I hereby certify that the information provided in this form is true and complete to the best of my knowledge, information and belief. Furthermore, I understand that I am NOT considered as North Carolina credentialed EMS personnel until such time as I have successfully completed ALL credentialing requirements. I also understand that I am solely responsible to ensure my credentialing/re-credentialing requirements are completed. I further understand that if I function as North Carolina credentialed EMS personnel without a valid North Carolina EMS credential, I am in violation of North Carolina Administrative Code and I may be subject to criminal, civil, or other disciplinary action. I authorize investigation of all statements contained herein, and understand that misrepresentation or omission of facts called for is cause for denial of the application for credentialing or revocation of the credential.

Print Full Name*

Date*

- **Must be electronically signed**

Submit



APPLICANT STATEMENT COMPLETED



An email from **Scantron** sent to you with steps to complete registration. ✕

User Profile: John Doe P000001

Primary Information Email (User ID): noname@yahoo.com SSN: ### - ## - 0001 Birthday: 01/01/1979 Mailing Address: 100 Main Drive Burlington, NC 27217 Alamance County	Phone Numbers Home: (555) 555-5555 Demographics Gender: Male Race: White Status: Active
---	--

State Profiles ^

State User ID	State
P000001	NC

Credentials History ^

Nothing found to display.



APPLICANT STATEMENT COMPLETED

Exams

[Find an exam](#) ^

Nothing found to display.

Scantron

[+ Register](#) ^

Applicant Statement Status	Level	Results
Complete	Emergency Medical Technician	



NOTICE TO SCHEDULE

- ❑ ONCE APPLICANT STATEMENT IS SUBMITTED
 - ❑ Scantron sends the candidate a notice to schedule
 - ❑ This email will come from scantron.com or candidatesupportservices@scantron.com
 - ❑ Usually received in 10-15 mins
 - ❑ If not received
 - ❑ Check Junk, Promotions, Spam, and Trash folders
 - ❑ Especially for Gmail and Yahoo

- ❑ THE NOTICE TO SCHEDULE INCLUDES
 - ❑ URL for scheduling system
 - ❑ Username and password for logging into the scheduling system



Katrina Simmons

From: candidatesupport@scantron.com
Sent: Tuesday, September 21, 2021 1:08 PM
To: Katrina Simmons
Subject: Notice to Schedule NCOEMS

CAUTION EXTERNAL EMAIL

Notice to Schedule Examination SMART STARTS HERE

Coronavirus Information - For information on rescheduling and site closings [click here](#).

To: Test Katrina

You are now ready to schedule your **Emergency Medical Responder (EMR)** examination. The scheduling website is listed below. Be sure to complete all the information required when scheduling. You will receive confirmation of your examination date and site by email.

If you have any questions regarding your registration, please contact Scantron at (919) 572-6880.

SCHEDULING WEBSITE

Link: www.scantronassessment.com/registration

Username:

Password:

(Note: The password above is for scheduling only and is not the password needed to access your test(s) at the testing center.)

The exam registration fee is \$68. The registration fee must be paid online by credit card or voucher while submitting your scheduling request.

You must schedule at least two (2) days prior to the date you wish to test, unless you have been pre-approved for reasonable



Login

Enter your username and password to submit your scheduling request.

Username

858788382

Password

.....|



[Forgot Password?](#)

Login

Please Note: If you have been granted reasonable testing accommodations, your scheduling request should not be considered final until you receive your official Scheduling Confirmation Notice. It may take a few days to confirm the accommodations with the test site. You will be contacted by Scantron via email within three (3) business days of submitting your scheduling request, either with the Scheduling Confirmation Notice to confirm your requested appointment time or with other scheduling options.

[Contact Scantron](#)

EXAM SCHEDULING

- Candidates can select a Castle test site by geographic location
- All domestic test sites available (not limited to North Carolina)





TEST KATRINA
Candidate Id: 858788382

Please confirm your demographic information and update if necessary.

Verify that the first name and last name you used when registering exactly match the first name and last name on the government-issued ID(s) you will present on test day.

Name TEST KATRINA <small>Please contact Scantron to update your name.</small>	Street Address * STREET *
Time Zone * US Eastern Time (-05:00)	Street Address 2 STREET 2 *
Email Address * katrina.simmons@scantron.com *	Country * US *
Home Phone * 919-572-6880 *	State/Province * North Carolina *
Work Phone 919-572-6880 *	City * CITY *
Cell Phone	Postal Code * 27560 *

UPDATE INFORMATION





TEST KATRINA

Candidate Id: 858788382

Verify that the first name and last name you used when registering exactly match the first name and last name on the government-issued ID(s) you will present on test day.

Emergency Medical Responder (EMR)

Exam Scheduling Instructions

- Step 1 - Enter the date range that you'd like to search.
- Step 2 - Select the desired country and state(s) (US only) below if not already selected.
- Step 3 - Click the "Get Locations" button. The page will reload.
- Step 4 - Select your site and date from the "Testing Site and Date" drop-down menus.

Dates between: (mm/dd/yyyy) and (mm/dd/yyyy)
Country:
State/Province 1:
State/Province 2:

Testing Site and Date

Location.*

Address:

Date/Time.* Your eligibility ends on 12/20/2021

[View Google Map](#) Please Note: These tools are informational only. Scantron assumes no responsibility for any loss or delay resulting from such use.
[Zip Code search](#)

Reasonable Accommodations

If you require reasonable administration conditions in accordance with appropriate legislative standards (e.g., Americans with Disability Act, EU Employment Equality Directive, Law on the Rights of Persons with Disabilities), please contact Scantron at (919) 572-6880.

SELECTING STATE DATE/TIME





TEST KATRINA

Candidate Id: 858788382

Verify that the first name and last name you used when registering exactly match the first name and last name on the government-issued ID(s) you will present on test day.

Emergency Medical Responder (EMR)

Exam Scheduling Instructions

- Step 1 - Enter the date range that you'd like to search.
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- Step 3 - Click the "Get Locations" button. The page will reload.
- Step 4 - Select your site and date from the "Testing Site and Date" drop-down menus.

Dates between: (mm/dd/yyyy) and (mm/dd/yyyy)
Country:
State/Province 1:
State/Province 2:

Get Locations

Testing Site and Date

Location:*

Address:

- Date/Time:*
- NC, ASHEVILLE - UNC ASHEVILLE PROFESSIONAL EDUCATION
 - NC, BOONE - APPALACHIAN STATE UNIVERSITY TESTING SERVICES
 - NC, BOONE - CALDWELL COMMUNITY COLLEGE--WATAUGA CAMPUS TESTING CENTER
 - NC, CARY - NC ELITE CAREER SERVICE CENTER
 - NC, CHARLOTTE - ABS CAREER TRAINING & TESTING CENTER - SEE DIRECTIONS FOR INFORMATION REGARDING CORONAVIRUS
 - NC, CHARLOTTE - BCY TESTING SOLUTION - CHARLOTTE
 - NC, CHARLOTTE - NC ELITE CAREER SERVICE CENTER OF CHARLOTTE
 - NC, CULLOWHEE - WESTERN CAROLINA UNIVERSITY
 - NC, DURHAM - NC CENTRAL UNIVERSITY
 - NC, ELIZABETH CITY - COLLEGE OF THE ALBEMARLE
 - NC, GREENSBORO - BCY TESTING SOLUTION - GREENSBORO
 - NC, GREENSBORO - NC ELITE CAREER CENTER OF GREENSBORO

Reasonable Accommodations

If you require reasonable accommodations under the Americans with Disabilities Act, EU Employment Directive, or other applicable laws, please contact the testing center at (919) 572-6880.

[View Google Map](#)

[Zip Code search](#)

SELECTING
LOCATION





TEST KATRINA

Candidate Id: 858788382

Verify that the first name and last name you used when registering exactly match the first name and last name on the government-issued ID(s) you will present on test day.

Exam Scheduling

Step 1 - Enter t
Step 2 - Select
Step 3 - Click th
Step 4 - Select

Dates bet
Country:
State/Pro
State/Pro

Testing Site and Date

Location: *
Address:
Date/Time: *

09/24/2021 11:30 AM Friday - 4 seats remaining
09/24/2021 01:00 PM Friday - 5 seats remaining
09/25/2021 11:30 AM Saturday - 4 seats remaining
09/25/2021 01:00 PM Saturday - 4 seats remaining
09/26/2021 01:00 PM Sunday - 3 seats remaining
09/27/2021 11:30 AM Monday - 4 seats remaining
09/27/2021 01:00 PM Monday - 5 seats remaining
10/01/2021 11:30 AM Friday - 5 seats remaining
10/01/2021 01:00 PM Friday - 4 seats remaining
10/02/2021 11:30 AM Saturday - 5 seats remaining
10/02/2021 01:00 PM Saturday - 4 seats remaining
10/03/2021 01:00 PM Sunday - 3 seats remaining
10/04/2021 11:30 AM Monday - 5 seats remaining
10/04/2021 01:00 PM Monday - 5 seats remaining
10/07/2021 11:00 AM Thursday - 3 seats remaining
10/08/2021 11:30 AM Friday - 5 seats remaining
10/08/2021 01:00 PM Friday - 4 seats remaining
10/11/2021 11:30 AM Monday - 5 seats remaining
10/11/2021 01:00 PM Monday - 4 seats remaining
10/14/2021 11:00 AM Thursday - 3 seats remaining

09/24/2021 11:30 AM Friday - 4 seats remaining

ponder (EMR)

if not already selected.

te" drop-down menus.

21 (mm/dd/yyyy)

Get Locations

Your eligibility ends on 12/20/2021

[View Google Map](#) [Zip Code search](#) Please Note: These tools are informational only. Scantron assumes no responsibility for any loss or delay resulting from such use.

Reasonable Accommodations

If you require reasonable administration conditions in accordance with appropriate legislative standards (e.g., Americans with Disability Act, EU Employment Equality Directive, Law on the Rights of Persons with Disabilities), please contact Scantron at (919) 572-6880.

AVAILABLE
DATE/TIME
SEATS LEFT





Candidate Id:

Emergency Medical Technician (EMT) \$68.00

Refund Policy: Partial refunds of examination and practice test fees are given on a case-by-case basis. Cancellation, reschedule and late fees are non-refundable.

Vouchers

Enter Voucher Code for prepaid test:

Credit Card Purchase

Customer ID:

Candidate Name:

E-mail address: [Update E-mail](#)

Total Price: \$68.00 USD

Name on Credit Card:

Credit Card Number:

Expiration Date: eg. 02/05

Card ID Number: [help me find it](#)

Date of transaction: 9/22/2021 3:34:51 PM



[Secure Servers](#)





TEST KATRINA
Candidate Id: 858788382

Your Scheduled Exams

You have 1 scheduled exam(s).

Exam Name	Exam Date	Last Day To Cancel/ Reschedule
Emergency Medical Responder (EMR)	10/6/2021 12:00 PM	10/4/2021

Your exam is on demand and your eligibility ends on **12/20/2021 11:59 PM**. This is the last date you can test.

[Reschedule your appointment now.](#) Price: **USD \$35.00**

You may reschedule up to 2 days in advance of your testing appointment. Please be sure to reference your cancellation/reschedule deadline and the last date that you can test (found above) before rescheduling. Rescheduling requests will not be accepted after the cancellation/reschedule deadline (found above).

[Reschedule your appointment later.](#) Price: **USD \$35.00**

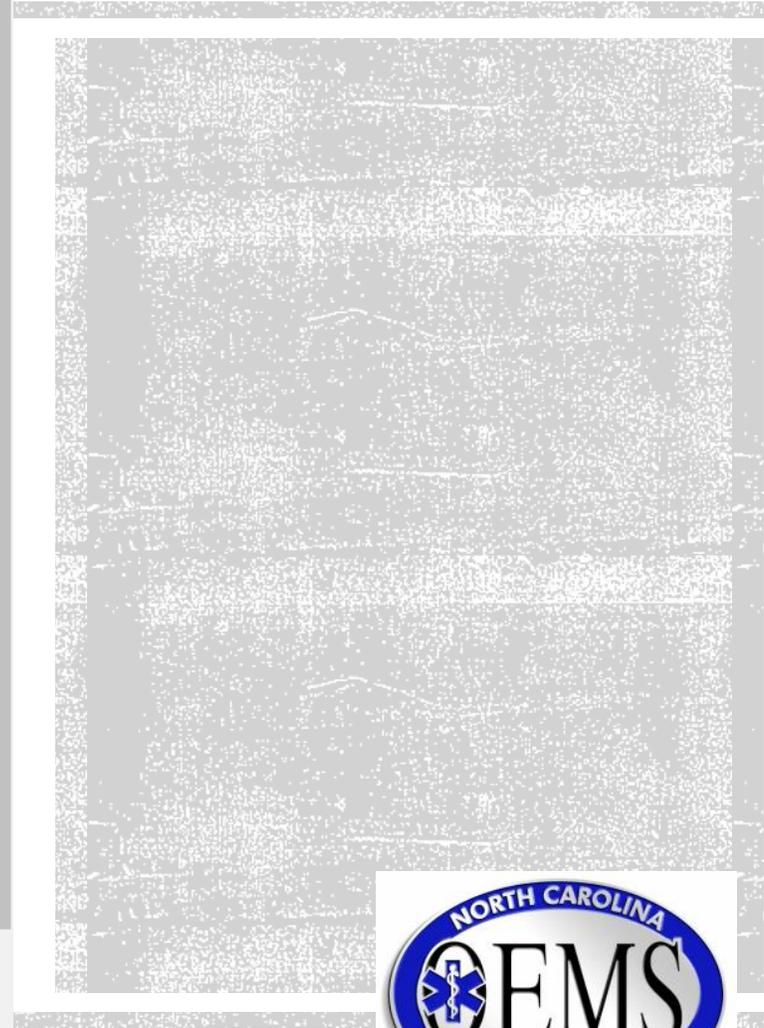
Please be sure to reference the last date that you can test (found above) before rescheduling.

[Cancel and do not reschedule.](#) Price: **USD \$35.00**

You may cancel your exam if you do not plan to reschedule. Please keep in mind that you will not be able to reschedule your exam if you select this option. Please be sure to reference your cancellation/reschedule deadline (found above) before canceling. All cancellation requests must be made by this date.

[Resend your confirmation email.](#)

Review your candidate handbook and all email communications regarding



Welcome to the NCOEMS Online Exam Registration System

SCANTRON.
SMART STARTS HERE



TEST KATRINA
Candidate Id: 858788382

Thank you for your registration request.

A confirmation notice will be emailed to the address that you provided. Please be certain to retain the confirmation notice and bring it with you to your examination.

If you have scheduled a computer-based exam and have not received your confirmation notice within 24 hours of scheduling, please contact Scantron at 1-800-655-4845 or candidatesupport@scantron.com.

[Log in again](#) to view information about your registration request.

[Contact Scantron](#)



From: candidatesupport@scantron.com
Sent: Tuesday, September 21, 2021 1:22 PM
To: Katrina Simmons
Subject: North Carolina Office of Emergency Medical Services - Scheduling Confirmation Notice

CAUTION EXTERNAL EMAIL

Scantron Scheduling Confirmation Notice (Admission Ticket)

COVID-19 Information

The COVID-19 situation continues to remain very fluid and, at this time, mask-wearing policies will vary based on different state, city, and test venue policies. Candidates must bring a mask to the test center in case the center requires a mask. Even if the center does not require a mask, you will be permitted to wear one if you prefer. Failure to follow the site policy may result in a dismissal and forfeiture of your exam fee.
For information on rescheduling and site closings [click here](#).

Date: September 21, 2021
To: Test Katrina
From: Scantron

EMAIL CONFIRMATION

- Candidate is sent an email confirmation with testing session details including:
- Date, time, and location of the testing session,
- What is required for the testing session (IDs)
- What is not permitted in the testing room

